

ITEMS 25-30. EAR, NOSE AND THROAT (ENT)

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp		
26. Nose		
27. Sinuses		
28. Mouth and Throat		
29. Ears, general (internal and external canals: Hearing under Item 49)		
30. Ear Drums (Perforation)		

I. Code of Federal Regulations

All Classes: [14 CFR 67.105\(b\)\(c\)](#), [67.205\(b\)\(c\)](#), and [67.305\(b\)\(c\)](#)

(b) No disease or condition of the middle or internal ear, nose, oral cavity, pharynx, or larynx that -

(1) Interferes with, or is aggravated by, flying or may reasonably be expected to do so; or

(2) Interferes with, or may reasonably be expected to interfere with, clear and effective speech communication.

(c) No disease or condition manifested by, or that may reasonably be expected to be manifested by, vertigo or a disturbance of equilibrium.

II. Examination Techniques

1. The **head and neck** should be examined to determine the presence of any significant defects such as:

- a. Bony defects of the skull
- b. Gross deformities
- c. Fistulas
- d. Evidence of recent blows or trauma to the head
- e. Limited motion of the head and neck
- f. Surgical scars

2. The **external ear** is seldom a major problem in the medical certification of applicants. Otitis externa or a furuncle may call for temporary disqualification.

Obstruction of the canal by impacted cerumen or cellular debris may indicate a need for referral to an ENT specialist for examination.

The tympanic membranes should be examined for scars or perforations. Discharge or granulation tissue may be the only observable indication of perforation. Middle ear disease may be revealed by retraction, fluid levels, or discoloration. The normal tympanic membrane is movable and pearly gray in color. Mobility should be demonstrated by watching the drum through the otoscope during a valsalva maneuver.

3. Pathology of the ***middle ear*** may be demonstrated by changes in the appearance and mobility of the tympanic membrane. The applicant may only complain of stuffiness of the ears and/or loss of hearing. An upper respiratory infection greatly increases the risk of aerotitis media with pain, deafness, tinnitus, and vertigo due to lessened aeration of the middle ear from eustachian tube dysfunction. When the applicant is taking medication for an ENT condition, it is important that the Examiner become fully aware of the underlying pathology, present status, and the length of time the medication has been used. If the condition is not a threat to aviation safety, the treatment consists solely of antibiotics, and the antibiotics have been taken over a sufficient period to rule out the likelihood of adverse side effects, the Examiner may make the certification decision.

The same approach should be taken when considering the significance of prior surgery such as myringotomy, mastoidectomy, or tympanoplasty. Simple perforation without associated symptoms or pathology is not disqualifying. When in doubt, the Examiner should not hesitate to defer issuance and refer the matter to the AMCD. The services of consultant ENT specialists are available to the FAA to help in determining the safety implications of complicated conditions.

4. **Unilateral Deafness.** An applicant with unilateral congenital or acquired deafness should not be denied medical certification if able to pass any of the tests of hearing acuity.

5. **Bilateral Deafness.** It is possible for a totally deaf person to qualify for a private pilot certificate. When such an applicant initially applies for medical certification, if otherwise qualified, the AMCD may issue a combination medical/student pilot certificate with the limitation "Valid for Student Pilot Purposes Only." This will allow the student to practice with an instructor before undergoing a pilot check ride for the private pilot's license. When the applicant is ready to take the check ride, he/she must contact AMCD or the [RFS](#) for authorization to take a medical flight test (MFT). Upon successful completion of the MFT, the applicant will be issued a [SODA](#), and an operational restriction will be placed on his/her pilot's license that restricts the pilot from flying into airspace requiring radio communication.

6. **Hearing Aids.** Under some circumstances, the use of hearing aids may be acceptable. If the applicant is unable to pass any of the above tests without the use of hearing aids, he or she may be tested using hearing aids.
7. The **nose** should be examined for the presence of polyps, blood, or signs of infection, allergy, or substance abuse. The Examiner should determine if there is a history of epistaxis with exposure to high altitudes and if there is any indication of loss of sense of smell (anosmia). Polyps may cause airway obstruction or sinus blockage. Infection or allergy may be cause for obtaining additional history. Anosmia is at least noteworthy in that the airman should be made fully aware of the significance of the handicap in flying (inability to receive early warning of gas spills, oil leaks, or smoke). Further evaluation may be warranted.
8. Evidence of **sinus** disease must be carefully evaluated by a specialist because of the risk of sudden and severe incapacitation from barotrauma.
9. The **mouth and throat** should be examined to determine the presence of active disease that is progressive or may interfere with voice communications. Gross abnormalities that could interfere with the use of personal equipment such as oxygen equipment should be identified.
10. The **larynx** should be visualized if the applicant's voice is rough or husky. Acute laryngitis is temporarily disqualifying. Chronic laryngitis requires further diagnostic workup. Any applicant seeking certification for the first time with a functioning tracheostomy, following laryngectomy, or who uses an artificial voice-producing device should be denied or deferred and carefully assessed.

III. Aerospace Medical Disposition

The following is a table that lists the most common conditions of aeromedical significance, and course of action that should be taken by the examiner as defined by the protocol and disposition in the table. Medical certificates must not be issued to an applicant with medical conditions that require deferral, or for any condition not listed in the table that may result in sudden or subtle incapacitation without consulting the AMCD or the [RFS](#). Medical documentation must be submitted for any condition in order to support an issuance of an airman medical certificate.

ITEM 25. HEAD, FACE, NECK, AND SCALP

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Head, Face, Neck, and Scalp			
Active fistula of neck, either congenital or acquired, including tracheostomy	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Loss of bony substance involving the two tables of the cranial vault	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Deformities of the face or head that would interfere with the proper fitting and wearing of an oxygen mask	1 st & 2nd	Submit all pertinent medical information and current status report	Requires FAA Decision
	3rd	Submit all pertinent medical information	If deformity does not interfere with administration of supplemental O ₂ - Issue

ITEM 26. NOSE

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Nose			
Evidence of severe allergic rhinitis ¹	All	Submit all pertinent medical information and current status report	Requires FAA Decision

¹ Hay fever controlled solely by desensitization without requiring [antihistamines](#) or other medications is not disqualifying. Applicants with seasonal allergies requiring [antihistamines](#) may be certified by the Examiner with the stipulation that they not exercise privileges of airman certification within 24 hours of experiencing symptoms requiring treatment or within 24 hours after taking an [antihistamines](#). The Examiner should document this in [Item 60](#), page 154. However, non-sedating antihistamines loratadine or fexofenadine may be used while flying, after adequate individual experience has determined that the medication is well tolerated without significant side effects.

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Nose			
Obstruction of sinus ostia, including polyps, that would be likely to result in complete obstruction	All	Submit all pertinent medical information and current status report	Requires FAA Decision

ITEM 27. SINUSES

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Sinuses - Acute or Chronic			
Sinusitis, intermittent use of topical or non-sedating medication	All	Document medication, dose and absence of side effects	Responds to treatment without any side effects - Issue
Severe-requiring continuous use of medication or effected by barometric changes	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Sinus Tumor			
Benign - Cysts/Polyps	All	If no physiologic effects, submit documentation	Asymptomatic, no observable growth over a 12-month period, no potential for sinus block - Issue
Malignant	All	Submit all pertinent medical information and current status report	Requires FAA Decision

ITEM 28. MOUTH AND THROAT

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Mouth and Throat			
Any malformation or condition, including stuttering, that would impair voice communication	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Palate: Extensive adhesion of the soft palate to the pharynx	All	Submit all pertinent medical information and current status report	Requires FAA Decision

ITEM 29. EARS, GENERAL

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Inner Ear			
Acute or chronic disease without disturbance of equilibrium and successful myringotomy, if applicable	All	Submit all pertinent medical information	If no physiologic effects - Issue
Acute or chronic disease that may disturb equilibrium	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Motion Sickness	All	Submit all pertinent medical information and current status report	If occurred during flight training and resolved - Issue If condition requires medication - Requires FAA Decision

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Mastoids			
Mastoid fistula	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Mastoiditis, acute or chronic	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Middle Ear			
Acoustic Neuroma	All	Submit all pertinent medical information and current status report * See page 111 Neurology Table	Requires FAA Decision
Impaired Aeration	All	Submit all pertinent medical information and current status report	Requires FAA Decision
Otitis Media	All	Submit all pertinent medical information and current status report	If acute and resolved – Issue If active or chronic - Requires FAA Decision
Outer Ear			
Impacted Cerumen	All	Submit all pertinent medical information and current status report	If asymptomatic and hearing is unaffected - Issue Otherwise - Requires FAA Decision
Otitis Externa that may progress to impaired hearing or become incapacitating	All	Submit all pertinent medical information and current status report	Requires FAA Decision

ITEM 30. EAR DRUMS

DISEASE/CONDITION	CLASS	EVALUATION DATA	DISPOSITION
Ear Drums			
Perforation that has associated pathology	All	Establish etiology, treatment, and submit all pertinent medical information	Requires FAA Decision
Perforation which has resolved without any other clinical symptoms	All	Submit all pertinent medical information	If no physiologic effects - Issue

Otologic Surgery. A history of otologic surgery is not necessarily disqualifying for medical certification. The FAA evaluates each case on an individual basis following review of the otologist's report of surgery. The type of prosthesis used, the person's adaptability and progress following surgery, and the extent of hearing acuity attained are all major factors to be considered. Examiners should defer issuance to an applicant presenting a history of otologic surgery for the first time, sending the completed report of medical examination, with all available supplementary information, to the AMCD.

Some conditions may have several possible causes or exhibit multiple symptomatology. Episodic disorders of dizziness or disequilibrium require careful evaluation and consideration by the FAA. Transient processes, such as those associated with acute labyrinthitis or benign positional vertigo may not disqualify an applicant when fully recovered. (Also see [Item 46](#), page 102 for a discussion of syncope and vertigo).

[Homepage](#)[FAA Form 8500-8](#)[Table of Contents](#)